

Nursing Notes

Initials/Signature: Isabelle Azar, Reagan Hockenbrock

Rm No: Simulation Lab 1

Actual Patient Problem: Risk for Impaired Cardiovascular Function **Clinical Reasoning:** Potassium level 5.8, post op day 3 CABG, history of Afib

Goal: The patient will not experience dysrhythmias during my time of care. Met: X Unmet:

Goal: The patient will exhibit adequate cardiac function and an HR between 60-100 bpm and +2 peripheral pulses in all extremities during my time of care. Met: Unmet: X

Actual Patient Problem: Impaired gas exchange **Clinical Reasoning:** Consolidation in left lower lungs noted, crackled in lower lung fields bilaterally noted posteriorly. O2 level 91% on 2L

Goal: The patient's SpO2 will remain above 94% during my time of care. Met: Unmet: X

Goal: The patient will correctly demonstrate the proper use of an incentive spirometer during my time of care. Met: X Unmet:

Additional Patient Problems: Risk for Impaired Skin Integrity, Risk for Thrombosis, Acute Pain, Risk for Unstable Blood Pressure, Risk for Unstable Blood Glucose Levels

Patient Problem	Time	Relevant Assessments Indicate pertinent assessment findings.	Time	Multidisciplinary Team Intervention What interventions were done in response to your abnormal assessments?	Time	Reassessment/Evaluation What was your patient's response to the intervention?
Risk for unstable blood glucose levels	0800	Blood glucose 200 on morning Accucheck. Last site of insulin injection RLQ of stomach.	0830	Administered 4 units of Insulin Aspart Recombinant, following low dose sliding scale, subcutaneously in the LLQ of stomach as ordered by the provider.	0840	100% of breakfast tray eaten. No signs or symptoms of hypoglycemia aeb skin is warm, no evidence of diaphoresis, and alert and oriented. Blood glucose 138 on blood draw.
Impaired Gas Exchange	0805	Bilateral crackles in lower posterior lung fields on auscultation. SpO2 94% on 2L NC. Denies shortness of breath. Right PIV in AC is patent, with continuous NSS running for KVO. Consolidation noted in upper left lung on chest x-ray. WBC 13.2 on AM lab draw.	0845	Administered 2.25 g Piperacillin/Tazobactam IVPG at 200mL/hr over 30 minutes as ordered by provider.	0945	WBC was not draw again during my time of care. Piperacillin/tazobactam still infusing in L AC at the end of my time of care.
Impaired Urinary Elimination	0810	Peripheral edema +1 in bilateral lower extremities. Urinary catheter bag at bedside contains 22 mL of clear yellow urine. Tenting skin turgor. Creatinine 2.8 and BUN 65 on AM lab draw. Metabolic acidosis.	0811	Maintained patency of urinary catheter and positioning of urinary catheter bag below the level of the bladder. Encourage the intake of oral fluids.	0921	BUN 67 and Creatinine 3.8 on lab draw. No urinary output during my time of care.
Acute Pain	0812	C/o chest pain regarding incisional area. Rated 3 on numeric scale of 0-10.	0820	Administered 650 mg Acetaminophen oral as ordered by the provider.	0850	"That feels so much better, it doesn't hurt me as badly anymore." No facial grimacing, chest guarding, or verbal discomfort.
Risk for Thrombosis	0815	History of Afibb, CAD, 2 days post-op from 3 vessel CABG. Platelets 185 on AM lab draw.	0820	Administered 325 mg Aspirin, oral, as ordered by provider.	0955	No dysrhythmias noted on telemetry monitoring. Normal sinus rhythm.

Patient Problem	Time	Relevant Assessments Indicate pertinent assessment findings.	Time	Multidisciplinary Team Intervention What interventions were done in response to your abnormal assessments?	Time	Reassessment/Evaluation What was your patient's response to the intervention?
Risk for Unstable Blood Pressure	0815	+2 pulses in all extremities, Apical HR 91, BP 142/82.	0840	Administered Carvedilol 20 mg, oral, as ordered by the provider. Educated on adverse effects of medication.	0850	"Oh ok, I take this medication at home."
Impaired Gas Exchange	0825	SpO2 91% on 2L NC when repositioned on left side. C/o difficulty breathing.	0830	Repositioned to supine with HOB raised to fowlers. Encouraged to take deep breaths through nose and breath out through mouth. Increased supplemental oxygen to 4L NC.	0835	SpO2 94% on 4L NC.
Risk for Impaired Skin Integrity	0840	Blanchable erythema present on sacrum. Aquacel placed on area.	0845	Repositioned onto left side with two pillows, a first apart.	0950	Still positioned on left side, no c/o pain, aquacel intact.
Risk for Thrombosis	Back Chart: 0810	Platelets 185 on AM lab draw. Last site of heparin injection RLQ of ABD. PTT 40 seconds and PT 13 on AM lab draw. Lower extremities warm to touch, no c/o pain, +1 edema. Capillary refill 3-4 seconds.	0840	Administered 5,000 units of heparin, subcutaneously into LLQ of ABD, as ordered by the provider.	0915	No c/o of pain in lower extremities. Lower extremities are warm and dry to touch. Edema noted. Capillary refill 3-4 seconds.
Impaired Gas Exchange	0855	SpO2 94% NC 4L. Incentive Spirometer at bedside unopened.	0857	Educated how to use incentive spirometer and it's purpose. Coached through deep breathing with IS. Decreased supplemental oxygen to 2L NC.	0900	SpO2 94% NC 2L after using IS. Reached 800 on IS device.
Impaired Gas Exchange	0900	SpO2 94% NC 2L after using IS. Reached 800 on IS device. Post-op chest surgery, pillow at bedside.	0905	Encouraged to splint incisional area with pillow. Coached through incentive spirometer use while splinting.	0910	SpO2 97% on 2L NC. IS now reached 1,000.
Impaired Gas Exchange	0915	SpO2 97% on 2L NC.	0920	Removed and discontinued use of supplemental oxygen.	0925	SpO2 97% on RA.
Risk for Impaired Cardiovascular Function	0930	Critical potassium level of 5.5 on lab draw. No dysrhythmias noted on telemetry. Normal sinus rhythm. No BM in three days. No flatulence.	0935	Notified provider, administered Kayaexalate 60ml	0940	Patient started vomiting and complaining of nausea. No dysrhythmias noted on telemetry. Normal sinus rhythm.
Risk for aspiration+ Risk for Impaired Cardiovascular Function	0940	Patient profusely vomiting, complaining of nausea	0945	Contacted provider, dropped NG tube.	0950	Tolerated NG placement well. Vomiting and nausea resolved. No dysrhythmias noted on telemetry. Normal sinus rhythm. Potassium not redrawn.

Significant Event Documentation: Use the area below to document any significant events that happened during your time of care.

0920	Critical serum potassium level of 5.5.
0945	NG tube insertion.